

## **Adult Mental Health**

### **Bazelon Center's Position Statement Regarding Inpatient Commitment**

The Supreme Court has deemed involuntary inpatient commitment a serious curtailment of liberty. The Bazelon Center opposes involuntary inpatient civil commitment except in response to an emergency, and then only when based on a standard of imminent danger of significant physical harm to self or others and when there is no less restrictive alternative. Civil commitment requires a meaningful judicial process to protect the individual's rights.

### **Bazelon Center's View Regarding Outpatient Commitment**

The Bazelon Center also opposes all involuntary outpatient commitment and view it as an infringement of an individual's constitutional rights. Outpatient commitment is especially problematic when based on:

- a prediction that an individual may become violent at an indefinite time in the future;
- supposed "lack of insight" on the part of the individual, which is often no more than disagreement with the treating professional;
- the potential for deterioration in the individual's condition or mental status without treatment;
- an assessment that the individual is "gravely disabled."

## **Shared Decision Making in Mental Health Care**

This report articulates the need for Shared Decision Making (SDM) of clients and practitioners on the treatment team. The report also strongly recommends the tool Common Ground to be used in treatment settings as a way to foster Shared Decision Making with clients and service providers. <http://store.samhsa.gov/shin/content/SMA09-4371/SMA09-4371.pdf>

## **SAMHSA's Definition of Recovery**

SAMHSA has established a working definition of recovery that defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. Learn more about [SAMHSA's Working Definition of Recovery — 2012](#).

SAMHSA has delineated four major dimensions that support a life in recovery:

Health — overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being

Home — having a stable and safe place to live

Purpose — conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

Community — having relationships and social networks that provide support, friendship, love, and hope

## NorCal MHA Advocacy Report

January 2015

### Cultural Competency

#### **Strategic Plan to Reduce Mental Health Disparities**

The *Strategic Plan to Reduce Mental Health Disparities* was developed by the California Pan-Ethnic Health Network (CPEHN) in partnership with and as a member of the California Reducing Disparities Project Partners, which also includes the project directors of the Strategic Planning Workgroups (SPWs) from five populations – African Americans, Asians and Pacific Islanders (API), Latinos, Native Americans, and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) communities – and the California Multicultural MHA Coalition (CMMC), and funded through the Mental Health Services Act (MHSA, or Proposition 63). Part of the California Reducing Disparities Project (CRDP), the plan was developed to represent the voice of unserved, underserved, and inappropriately served communities, and targets stakeholders involved in California's public mental health system – from the Mental Health Services Oversight and Accountability Commission (MHSOAC) and State agencies to local county departments of mental health and community organizations working on the front lines. **The focus of the strategic plan is on improving the delivery of prevention and early intervention services for California's unserved, underserved, and inappropriately served communities.**

<https://cpehn.org/sites/default/files/crdpstrategicplan2014final2.pdf>

#### **LULAC Report**

This investigative report on Ventura County details a scathing review of their attempts at providing culturally competent services to Latino clients in their community. Other counties should take heed and move away from “aspirational performance” in regards to cultural competency and move towards implementing lasting change. Major areas of concern – use of translators and interpreters are inadequate. Staff should reflect culture/language and be able to interact with clients in their native language rather than using translators/interpreters who are not mental health clinicians and violate privacy issues as well as provide inadequate communication tools to clients. The report also discourages the use of tools such as phone based interpreter services available through ATT, etc., which are widely used in the public mental health system.

### Children's MH

Children with MH needs being housed at Juvenile Hall – need psychiatrist, therapist and Family and Youth Advocates stationed at Juvenile Hall to ensure the mental health needs of these youth are met. See enclosed article from SNR.

This is a link to an app that can be downloaded onto your phones to help parents/caregivers engage in meaningful conversations with their children about mh and bullying.

<http://store.samhsa.gov/product/KnowBullying-Put-the-power-to-prevent-bullying-in-your-hand/PEP14-KNOWBULLYAPP>